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|   |  |                               |  |   | L   |   |                               | ·····   | (Date)   |  |
| APPLICATION NO. FILING DATE   |  |                               | ***************************************                      | FIRST NAMED INVEN   |   | ATTORNEY DOCKET NO.   |                               | NEY DOCKET NO.  | CONFIRMATION NO.   |  |
| 10/774,345 02/06/2004 David H. Cole V-018-C2 5284   |  |                               |  |   |   |   |                               |   |  |  |
| TITLE OF INVENTION:<br>OPENINGS IN TISSUE   | MAGNETIC COMPC   | NENT                          | S FOR USE IN FO  | ORMING ANASTON  | MOSE  | ES, CREATING PO   | ORTS I                        | N VESSELS AND C   | CLOSING  |  |
| APPLN. TYPE   | SMALL ENTITY   |                               | SUE FEE DUE  | PUBLICATION FEE DU  |   | PREV. PAID ISSUE FEE  |                               | TOTAL FEE(S) DUE  | DATE DUE   |  |
| nonprovisional  | YES \$   |                               | \$720  | \$300   |   | \$0   |                               | \$1020  | 09/11/2008   |  |
| EXAMINER  |  |                               | ART UNIT CLASS-SU  |   | S   |   |                               |   |  |  |
| WOO, JULIAN W   |  |                               | 3773   | 606-153000  |   | •   |                               |   | 4:   |  |
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| CFR 1.363).   |  |                               |  | (1) the names of up to 3 registered patent attorneys I MIKE Udru or agents OR, alternatively,   |   |   |                               |   |  |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |  |                               |  | (2) the name of a single firm (having as a member a 2 Jeffrey 1 Hohenshell  |   |   |                               |   |  |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |                               |  | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |   |   |                               |   |  |  |
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| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |  |                               |  |   |   |   |                               |   |  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |  |                               |  |   |   |   |                               |   |  |  |
| Medtronic, Inc. Minneapolis, MN   |  |                               |  |   |   |   |                               |   |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖳 Corporation or other private group entity 🚨 Government  |  |                               |  |   |   |   |                               |   |  |  |
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| a. Applicant claims   | SMALL ENTITY stat  | us. See                       | 37 CFR 1.27.   |   | o lon   | ger claiming SMA  | LL ENT                        | FITY status. See 37 C   | FR 1.27(g)(2).   |  |
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| Authorized Signature  |  |                               | Hushly   | <u> </u>  |   | Date  | Augu                          | ıst 🚶 , 2   | 008  |  |
| Typed or printed name Jeffrey J. Hohenshell Registration No. 34,109   |  |                               |  |   |   |   |                               |   |  |  |
| This collection of informa an application. Confidenti   | tion is required by 37 ality is governed by 3.   | CFR 1.<br>5 U.S.C             | 311. The information 122 and 37 CFR                          | on is required to obta<br>1.14. This collection<br>y depending upon the   | in or i   | retain a benefit by t<br>timated to take 12<br>vidual case. Any co  | the publ<br>minutes<br>omment | lic which is to file (and to complete, including on the amount of the complete) | d by the USPTO to process) ng gathering, preparing, and me you require to complete                   |  |

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